PTO/SB/06 (08-03)

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Substitute for Form PTO-875								Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER TIMN OR SMALL ENTITY	
FOR NUMBER FILED			MUN (	BER EXTRA	RATE	FEE	1	RATE	1,55	
BASIC FEE (37 CFR 1.16(a))						1		1	- NAIL	FEE
TOTAL CLAIMS (37 CFR 1.10(c)) minus 20 s				·		\$	OR		<u> </u>	
1140	EPENDENT CLA	ims	minus 20 s			X 1	<del> </del>	Ott	x 1	
(37 CFR 1.10(U))			nilnus	3 , .	·····	X 1		OR	x \$ «	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.16(d))					+ 1	j	OR	+ 5	
' Il thu dilloranco in column 1 is loss than zoro, ontor 'O' in column 2					TOTAL		OK	101AL		
	С	LAIMS AS AI	MENDE	) – PART II				•		
	(Column 1)			(Calumn 2)	(Column 3)	, SMALL I	ΕΝΤΙΤΥ	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	43/1E	ADDI TIONAL FEE		RATE	ADDI TIONAL
Ñ O	Total (3) CH CHCC	10	Minus	20	1	x 1 •		OR	K 5	FEE
n Z	Independent	. 3	Minus	<sup></sup> 3	1.	x \$ •				
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1 1661)						-	OR		
1						TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE	
		(Column 1)		(6-1 3)	(C-1) 21				AUDETEE	
7		CLAIMS	1	(Column 2) HIGHEST	(Column 3)		<del></del>			
- 1		REMAINING		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI JANOIT		RATE	ADD
١		AMENDMERT		PAIDFOR	·		FEE			TIONAL
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	FIRST MESSENTATION OF MUCTIPLE DEPENDENT CLAM (1) CERTIFICAT				1,,		Cit-			
						TOTAL ADD L FEE		Ot:	TOTAL ADDLIFEL	
		(Column 1)		(Column 2)	(Calumn 3)			•		
		CLAIMS REMAINING ALTER		HIGHEST NUMBER PREVIOUSES	PRESCRI CYTRA	RATE	IOOA		RATE	IOOA JAMOUT
-		AMEROMENT	tionus	PAID FOR:			FEE			ις ξ
-	Independent	<del>  </del>	Minus			2.5		ÇIK.	x 5 =	
1-	3) C ( c + (C))					x \$=		OR .	K \$ =	
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					,	TOTAL ADDLIFEE		OR	TOTAL	
• 1	l tha anto in cost. I tha Thiphast No	ome firs lass than	the ento	in column 2, wale	Eamulas or '0'	L				

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The Triginest Number Presented Paid for Collator Independent's the trighest neighbor found in the appropriate for in-column 1.

This collection is undermated in the Collabor Independent in required to obtain or retain a benefit by the poster which is to the facility the Independent of the Paid by the Independent of Independen including pathology prepared and submitting the completed application form to the USPTV. Time will carry depending upon the individual case. Any comments on the amount of time source paint to the individual case. Any comments on the amount of time source paint to the complete this form and or supposed in the reducing this burden, should be sent to the Control of Control o